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BRINKS HOF P.O. BOX 1039: CHICAGO, IL 6			S	hereby certify that that the tates Postal Service of the Mai	nis Fee(: with suf 1 Stop	ficient postage for fir	g depo st clas abov	osited with the United as mail in an envelope e, or being facsimile
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR	ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/531,795 TITLE OF INVENTION	05/05/2006 I: PRODUCTION OF TI	TANIA	Eric Girvan Roche			9378-190		2319
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	JE FEE TOTAL FEE(S) DU			DATE DUE
nonprovisional	NO	\$1440\$1,510	\$300	\$0	\$1740 <sup>\$</sup>		810	12/29/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS	]				
BOS, STEVEN J		1793	423-082000	_	•			
<ol> <li>Change of correspondence address or indication of "Fee Address" (CFR 1.363).</li> <li>Change of correspondence address (or Change of Corresponden Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required.</li> </ol>			(1) the names of up or agents OR, altern (2) the name of a si registered attorney of 2 registered patent a	printing on the patent front page, list names of up to 3 registered patent attorneys nts OR, alternatively, name of a single firm (having as a member a red attorney or agent) and the names of up to tered patent attorneys or agents. If no name is no name will be printed.  Brinks Hofer  Gilson & Lione  G. Peter Nichols				
recordation as set fort  (A) NAME OF ASSI  BHP Billitor	less an assignee is ident h in 37 CFR 3.11. Comp GNEE n Innovation I	ified below, no assignee pletion of this form is NC	data will appear on the T a substitute for filing (B) RESIDENCE: (CI Melbourne,	patent. If an assign an assignment. TY and STATE OR O	COUNT Austi	RY) calia		
Please check the appropr	riate assignee category or	categories (will not be p	rinted on the patent):	☐ Individual ☐ C	orporati	on or other private gr	oup er	ntity 🖵 Government
Advance Order -	No small entity discount p	permitted)	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 23-125 (enclose an extra copy of this form).					
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Authorized Signature /G. Peter Nichols/			Date December 22, 2008					
Typed or printed nam	e G. Peter Ni	chols	Registration No34 , 401					
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